

CANCELLATION OF ASSUMED NAME BUSINESS

(CLOSE BUSINESS- \$5.00)

File No. _____

STATE OF ILLINOIS,)
) SS.
COUNTY OF McHENRY)

On the _____ day of _____, _____, the original certificate of ownership was filed in the office of the County Clerk for

Name of Business _____

Address _____ City, State, Zip _____

On the _____ day of _____, 20____, this is to certify the person or persons listed below has/have ceased doing business under the assumed name business:

*** ALL OWNERS MUST SIGN**

NAME OF PERSON (Print)	STREET ADDRESS (Print)
PHONE:	CITY/STATE/ ZIP:
PHONE:	CITY/STATE/ ZIP:
PHONE:	CITY/STATE/ ZIP:

STATE OF ILLINOIS,)
) SS.
COUNTY OF McHENRY)

_____, _____, _____

being duly sworn, upon oath deposes and says that the foregoing is a true and correct supplementary report of the person or persons who have cancelled the assumed name business together with their address (es).

_____, _____, _____

Subscribed and sworn to before me this _____ day of _____, _____

*County Clerk or Notary Public